HOME VISITATION SERVICES
(STAY AT HOME PARENT and CHILD ABUSE AND NEGLECT PREVENTION - Competitive)
QUARTERLY REPORT INSTRUCTIONS

Quarterly Reports are due to the state agency within thirty (30) calendar days following the last day of the quarter being evaluated.

1st Quarterly Report = Due October 31   **2nd Quarterly Report = Due January 31**
3rd Quarterly Report = Due April 30   **4th Quarterly Report = Due July 31**

ALL QUARTERLY REPORTS <u>MUST</u> BE COMPLETED AND SUBMITTED ELECTRONICALLY. THE CONTRACTOR SHALL ONLY SUBMIT A PAPER REPORT IF THE ELECTRONIC REPORT IS UNAVAILABLE AND WITH PERMISSION OF THE STATE AGENCY.

Access to the Home Visitation Services Quarterly Report is obtained from the Missouri Department of Social Services, Children's Division, Early Childhood Grants & Resources webpage at <u>http://www.dss.mo.gov/cd/early/index.htm</u>.
Click the link to the Quarterly Report in the Home Visitation Services section to log in.

VENDOR LOGIN:

Vendor #: Enter the Vendor Number assigned to your agency by the Department of Social Services (DSS). (This Vendor # will be provided to you via e-mail by the DSS Administrator with a password that will enable you to access the Quarterly Report system.)

Password: Enter your password. (Your initial Password will be provided to your agency via e-mail by the DSS Administrator with a Vendor # that will enable you to access the Quarterly Report system.)

Login: Click this button and the Vendor Information associated with the assigned Vendor # will display.

> **NOTE:** The first time you log in, you will be provided the opportunity to change your password. Click OK when you are invited to set up your account.

> **Vendor Account Setup:**

> **Vendor:** Your agency's Vendor # will display.

> **Old Password:** The password that was provided to you by e-mail will not display but will be represented by dots.

> **New Password:** Enter the new password that you desire. Passwords must be a minimum of six (6), but may be a maximum of 15, characters, using any combination of letters, symbols, or numbers, and are case sensitive.

> **Retype New Password:** Enter the new password again.

Secure Question: Use the dropdown menu to select a secure question to answer in case you forget your password.

Answer: Enter the answer to the secure question that you selected.

Email: The e-mail address assigned to your contract will display.

Email Verification: Click Yes to receive e-mail confirmation of the password change.

Save Settings: Click this button to save your entries.

VENDOR INFORMATION:

Update Information: Click this button to update contact information for this Vendor. (Other Vendor information is maintained by the DSS Administrator.)

Vendor Contact Information Update: Enter changes for the following as necessary:

- **Contact Person**
- **Phone Number**
- **Fax Number**
- **E-mail Address**

HOME: Click this button to return to the Vendor Information page.

SAVE CHANGES: Click this button to save changes and return to the Vendor Information page.

ENTER NEW REPORT or VIEW SUBMITTED OR PENDING REPORTS:

Contract Year: Select the program year from the dropdown menu for which you wish to enter or view a quarterly report. (**NOTE:** You may only view submitted reports. You may view and/or edit pending reports.)

Reporting Quarter: Select the reporting quarter (1st, 2nd, 3rd, or 4th) from the dropdown menu for which you wish to enter, view, or edit a quarterly report.

Contract #/Amendment #/Program/Geographic Area: Select the contract number, amendment number, program, and geographic area combination for which you wish to enter, view, or edit a quarterly report.

If you wish to enter a new report:

START NEW REPORT: Click this link to start the report process.

CONFIRM NEW REPORT CREATION: Review the contract information that displays to confirm that it is the correct contract, amendment, program, and geographic area for which you wish to enter a quarterly report.

Cancel: Click this button if this is not the correct contract, amendment, program, and geographic area and you will be returned to the "Vendor Information" page to begin the

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process again.

Confirm/Proceed: Click this button if this is the correct contract.

If you wish to view a submitted or view and/or edit a pending report:

VIEW SUBMITTED OR PENDING REPORTS: Click this link to access a list of the submitted or pending reports for your contract.

VENDOR (CONTRACTOR'S NAME) CONTRACT LIST:

Contract #: Click the contract number for which you wish to view a submitted or view and/or edit a pending report.

Report # or Report Status: Click either of these links to access the submitted report or the pending report you wish to view or edit.

[PEND REPORT]: Once you have started a report, you may pend it, that is, save and return to it at a later time to finish it. Do this by clicking the blue [Pend Report] link at the top of the page, and you will be returned to the **VENDOR INFORMATION** page. The following message will display: **Report Saved, Complete Report by Clicking 'View Submitted or Pending Reports'.**

ANY ITEM MARKED WITH AN ASTERISK (*) IS REQUIRED INFORMATION.

DATES: Use the DD/MM/YYYY format when entering dates. A small calendar icon will display to the right of each date entry field. You may click on the calendar to display it and then click the arrows to page forward or backwards within the calendar. Select the desired date and the date will then display in the entry field.

QUARTER TOTALS:

Enter data for each of the following categories to indicate the level of service that your program provided during the reporting quarter.

- **Eligible Families**
- **Eligible Children 0-12 Months**
- **Eligible Children 13-24 Months**
- **Eligible Children 25-36 Months**

   NOTE: It is possible that the children served in your program will change age groups during the reporting quarter. Count children for your Quarterly Report based on the age they are at the beginning of the reporting quarter or the age they are at the end of the reporting

quarter but not both. Either is acceptable as long as you do not duplicate the count, that is, count them in both quarters. You must report numbers consistently from quarter to quarter throughout the program year, that is, you always count children based on their age at the beginning of the reporting quarter OR you always count children based on their age at the end of the reporting quarter.

Totals: Totals for each column will calculate and display automatically, unless indicated otherwise, based on your entries for each of the categories listed above.

Total Number Served: The number of eligible families and children age 0-12 months, 13-24 months, and 25-36 months served.

Number of New Families Served: The number of eligible families and children age 0-12 months, 13-24 months, and 25-36 months served that you had not previously served during the current contract year.

Number of Families served last quarter still receiving services: The total number of eligible families and children age 0-12 months, 13-24 months, and 25-36 months served in the previous reporting quarter that you continued to serve. (Example: The Jones family received services in December during the second quarter and also received services in January during the third quarter.)

Number of Families Served year to date: The total number of eligible families and children age 0-12 months, 13-24 months, and 25-36 months served at some time during the program year through the end of the quarter.

Number of Certificates given: Enter the total number of certificates issued to eligible families.

Total Amount of Certificates Given: Enter the total dollar value of the certificates issued.

Number of Home Visits Completed: The total number of completed individual home visits, whether to the same family or not, with eligible families.

Number of Parent/Child Observations Completed: The total number of completed parent/child observations, whether of the same parent/substitute and child or not, with eligible families. This would include any observation, regardless of the setting, involving some type of professional intervention.

Families not eligible but served with alternative means: Enter the total number of ineligible families served with funding from sources other than the Home Visitation Services contract.

Save Quarterly Totals: Click this button to save your entries.

NAMES OF FAMILIES AND CHILDREN SERVED DURING QUARTER:

Add New Family: Click this button to add a new family to the report.

New Family Information/Primary Parent: In cases where the child is not placed with a biological parent, enter the name of the parental substitute, for example, grandparent, foster parent, other relative, etc.

> ***First Name:** Enter the first name of the primary parent/substitute.

> ***Last Name:** Enter the last name of the primary parent/substitute.

> **Date of Birth:** Enter the date of birth of the primary parent/substitute.

> ***Gender:** Select Male or Female.

> **DCN (if available):** Enter the DCN of the primary parent/substitute.

> **SSN:** Enter the Social Security Number of the primary parent/substitute.

> **Exit Date:** Enter the date the family exits the program for any reason other than becoming ineligible due to their youngest child attaining the age of three years.

> **Race:** Enter the race of the primary parent/substitute as indicated by the parent/substitute using the selections provided in the dropdown menu. This must reflect the racial or ethnic group with which the parent/substitute most identifies, not the racial or ethnic group which you deem to be the most appropriate based on your observation of the parent/substitute and/or family.

> ***Role:** Parent/Substitute is automatically marked. This individual must be identified in order to enter other family members.

Save New Family: Click this button to save this family member's information and enter additional information for this family.

No More Families: Click this button if you do not wish to enter any additional families and you will be taken to the next section of the Quarterly Report.

New Family Details:

> ***Is the Family eligible for services?** Select Yes or No and then Save/Continue.

New Family Information/Family Members:

> ***First Name:** Enter the first name of the family member.

> ***Last Name:** Enter the last name of the family member.

> ***Date of Birth:** Enter the date of birth of the family member.

> ***Gender:** Select Male or Female.

> **DCN (if available):** Enter the DCN of the family member.

> **SSN:** Enter the Social Security Number of the family member.

Exit Date: Enter the date the family exits the program for any reason other than becoming ineligible due to their youngest child attaining the age of three years.

Race: Enter the race of the family member using the selections provided in the dropdown menu. This must reflect the racial or ethnic group with which the family member, or the parent/substitute, if the family member is a child, indicates he/she is most identified, not the racial or ethnic group which you deem to be the most appropriate based on your observation of the family member

*Role: Select Parent/Substitute or Child.

Save Family Member: Click this button to save the family member's information.

Add More Family Members? A question box will display. Answer Yes to add additional family members and repeat the process outlined above. Answer No if you do not wish to add additional family members.

Not Served? After you enter family members into a Quarterly Report, they will subsequently display each time you enter a Quarterly Report for the same contract, amendment, and geographic area. If you did not serve a particular family in the reporting quarter, check the "Not Served?" box by the name of the primary parent/substitute of the family that you did not serve, and that family will be removed from the report. During the review/edit process, you will receive a message indicating that the family will be removed from the list if you click the "Not Served" box. To indicate that the family was not served and remove them from the list, click Yes. "Family Saved" will display above the list of names. Click the box again to remove the check mark and leave the family on the list.

Finished/Continue: When you have completed entry of family members and marked all families that were not served during the quarter, click the "Finished/Continue" button.

No More Families: Click this button and you will be taken to the next page.

Ineligible Families: Use the dropdown menu to display all families that have been entered into the database associated with this contract, program, and geographic area. Those families that are no longer eligible for services due to their youngest child having attained the age of three (3) years will be highlighted in yellow (if this information was previously updated). Select the family for which you wish to enter follow-up contact information, click the "GO" button, and the family's Ineligible Date will display (as previously entered in the database).

NOTE: If you have not already designated this family as being ineligible, a message box will display indicating that the family has not yet been designated as being ineligible. Click "OK" to designate the family as ineligible or click "Cancel" to maintain the family's eligibility status.

Contact - 30-, 60-, 90-, 180-, 365-Day: Enter the date that contact is made with the ineligible family.

Family Status and Additional Referrals Needed: Enter the results of each follow-up contact. Is the family stable? Is the child well? Has the family made progress towards goals? Is the family in crisis? Does the family require any referrals to supportive services? If so, to which services and why?

Save: Click this button to save the entry.

Add More Ineligible Families? A question box will display. Answer "yes" to add additional ineligible families and repeat the process outlined above. Answer "no" if you do not wish to add additional ineligible families.

View Contact History: Click this button to display all follow-up entries for the selected family.

Finished/Continue: When you have completed entry and update of all ineligible families, click the "Finished/Continue" button.

SCREENINGS/ASSESSMENTS:

Enter data for the following categories to indicate the level of service your program provided.

Children by Age: The number of new screenings or assessments completed with eligible children for each of the following age groups:

- 0-12 months.
- 13-24 months.
- 25-36 months.

Number of ASQ's Completed for Eligible Children: The number of "Ages & Stages Questionnaires" completed with eligible children.

Number of ASQ:SE's Completed for Eligible Children: The number of "Ages & Stages Questionnaires: Social/Emotional" completed with eligible children.

Number of Eligible Children at Appropriate Level: The number of eligible children assessed and found to be at the appropriate developmental level.

Number of Eligible Children Assessed with Other Assessment Tool (provide copy): The number of eligible children assessed with instruments other than the ASQ and/or the ASQ:SE. (Provide a copy of the alternative screening/assessment tool to the state agency at the time the Quarterly Report is submitted.)

Number of Eligible Children Referred for Further Assessment: The number of eligible children assessed and referred for further assessment.

Save Screenings/Assessments: Click this button to save your entries.

Families with: Enter data for eligible families with one child, two children, or three or more children with whom the following services were completed.

Number of ESI's completed for Eligible Parents: The number of eligible parents/substitutes who completed the Everyday Stressors Index.

Number of Referrals of Eligible Parents for Services: The number of parents/substitutes who completed the Everyday Stressors Index referred for services as a result of the outcomes of the ESI.

Save Screenings/Assessments: Click this button to save your entries.

REFERRAL INFORMATION:

Enter information regarding all referrals made during the reporting quarter as a result of assessments and screenings and the outcome data for those referrals for parents/substitutes and children.

Add New Referral: Click this button to add referral information for a parent/substitute or child.

   ***Parent/Child Referred:** Use the dropdown menu to select the parent/substitute or child for whom a referral was made.

   ***Agency Referred To:** Enter the name of the agency to which the parent/substitute or child was referred.

   ***Date of Referral:** Enter the date of the referral.

   ***Reason for Referral:** Enter a narrative explanation of why the referral was made.

   Outcome of Referral: Enter a narrative explanation of what happened as a result of the referral once it is known.

   Referral Complete? Click "Yes" once the referral has been completed, that is, the parent/substitute or the child has followed through with the referral and services have been received or the parent/substitute has indicated that they do not intend to complete the referral.

   Save Referral: Click this button to save your entries, and you will be returned to the Referrals page. To add additional referrals, repeat the process outlined above.

   Incomplete Referrals (use name as link for updating): Once a referral has been entered and saved, it will display on the Referral page until it is marked as being complete. Click the "Name of Parent/Child Referred" for which you wish to document the outcome of a referral as described above.

      Referral Complete? Click this box when all actions regarding this referral have been entered, and you will be returned to the Referrals page. The "completed" referral will no longer display.

Save Updated Referral: Click this button to save your entries, and you will be returned to the Referrals page. To add additional referrals, repeat the process outlined above.

Delete Record: Click this button to delete the referral record.

      Record will be deleted. Continue? Click "OK" if you want to delete the record; click "Cancel" if you do not want to delete the record. You will be returned to the Referrals page.

Finished/Continue: When you have completed entry and update of all referrals, click the "Finished/Continue" button.

CLIENT EDUCATION INFORMATION:

Record eligible family members' acquirement of knowledge through teaching and learning during the reporting quarter. This should include education acquired at a school or institution as well as the education and training on child development/early childhood education the contractor is

required to provide either directly or indirectly through an existing agency or subcontractor to families a minimum of two (2) hours per month.

*Education Provided: The education program attended.

*Who Provided: The name of the person and/or institution that provided the education.

*Begin Date: The date the education activity began.

*End Date: The date the education activity ended.

Clock Hours: The number of clock hours the education activity lasted, if applicable.

Credit Hours: The number of credit hours awarded for the education activity, if applicable.

*Number of Eligible Parents Attending: The total number of eligible parents/substitutes who attended the education program.

*Number of Eligible Children 0-3 Years Attending: The total number of eligible children ages 0-3 who attended the education activity.

Save Education: Click this button to save your entries. A question box will display. Answer "yes" to add additional education activities and repeat the process outlined above. Answer "no" if you do not wish to add additional education activities.

Finished/Continue: When you have completed entry and update of all education activities, click the "Finished/Continue" button.

CLIENT TRAINING INFORMATION:

Record eligible family members' training that consists of the learning of a skill or participation in a job training program during the reporting quarter.

*Training Provided: The training program attended.

*Who Provided: The name of the person and/or institution that provided the training.

*Begin Date: The date the training activity began.

*End Date: The date the training ended.

*Clock Hours: The number of clocks hours the training activity lasted, if applicable.

*Research Based: Mark "Yes" if the training was research-based or "No" if it was not.

*Number of Eligible Parents Attending: The total number of eligible parents/substitutes who attended the training activity.

*Number of Eligible Children 0-3 Years Attending: The total number of eligible children ages 0-3 who attended the training activity.

Save Training: Click this button to save your entries. A question box will display. Answer "yes" to add additional training activities and repeat the process outlined above. Answer "no" if you do not wish to add additional training activities.

Finished/Continue: When you have completed entry and update of all training activities, click the "Finished/Continue" button.

CLIENT NETWORKING OPPORTUNITIES INFORMATION:

Record networking opportunities offered to eligible family members during the reporting quarter.

> ***Opportunities:** A title or short description of the networking opportunity provided to eligible families.

> ***Begin Date:** The date the networking activity began.

> ***End Date:**   The date the networking ended.

> ***Clock Hours:** The number of clock hours the networking activity lasted.

> ***Number of Eligible Parents Attending:** The total number of eligible parents/substitutes who attended the networking activity.

> ***Number of Eligible Children 0-3 Years Attending:** The total number of eligible children ages 0-3 who attended the networking activity.

Save Networking: Click this button to save your entries. A question box will display. Answer "yes" to add additional networking opportunities and repeat the process outlined above. Answer "no" if you do not wish to add additional networking opportunities.

Finished/Continue: When you have completed entry and update of all networking activities, click the "Finished/Continue" button.

STRENGTHENING FAMILIES INITIATIVE GOALS AND OBJECTIVES:

The Strengthening Families Initiatives goals and objectives that you submitted in your Request for Proposal will be entered into the database by the state agency and will display when you access your specific contract information. Record the progress that your program has made towards meeting the goals and objectives stated in your application for the implementation of the Strengthening Families Initiative for each of the following protective factors:

- **Parental Resilience.**
- **An Array of Social Connections.**
- **Adequate Knowledge of Parenting and Child Development.**
- **Concrete Support in Time of Need, including Access to Necessary Services.**
- **Healthy Social and Emotional Development.**

Previously Reported Progress: Any progress you previously entered for this Protective Factor, Goals, and Objective will display.

Current Progress: Enter a description of the progress that you have made towards meeting the stated goal and objective for the protective factor.

Save Progress: When you have completed entry for an individual Protective Factor, Goal, and Objective, click this button, and the next Protective Factor, Goal, and Objective will display. Repeat the process as described above for each Protective Factor, Goal, and Objective until you have recorded progress for each one.

SUCCESS STORIES:

Family Name: Use the dropdown menu to select the name of the family for whom you are reporting a success.

Success Story: Enter a short narrative describing the success experienced by this family.

Save Success Story: Click this button to save your entry. A question box will display. Answer "Yes" to add additional success stories and repeat the process outlined above. Answer "No" if you do not wish to add additional success stories.

Finished/Continue: When you have completed entry and update of all success stories, click the "Finished/Continue" button.

WHILE ENROLLED IN THIS PROGRAM, HAVE ANY:

- **Children been the victim of substantiated child abuse and/or neglect?**

    Yes: Mark this box if this statement is true.

    No: Mark this box if this statement is not true.

    How Many? If you mark "Yes", indicate how many.

    Name(s): If you mark "Yes", a list of the children enrolled in the program will display. Click the name of the child that was the victim and then click the arrow to the right to add them to the display box. Click the child's name and the arrow to the left to remove them from the display box.

    Save: Click this button to save your entries.

- **Teen parents become pregnant?**

    Yes: Mark this box if this statement is true.

    No: Mark this box if this statement is not true.

    How Many? If you mark "Yes", indicate how many.

    Name(s): If you mark "Yes", a list of the parents enrolled in the program will display. Click the name of the teen parent that became pregnant and then click the arrow to the right to add them to the display box. Click the teen parent's name and the arrow to the left to remove them from the display box.

    Save: Click this button to save your entries.

Describe any challenges or roadblocks hindering progress towards stated goals and how they were overcome or the plan to overcome them:

Enter a short narrative description of any problems that your Home Visitation Services program encountered that affected your ability to reach your program goals and describe how your program overcame or plans to overcome them.

Save: Click this button to save your entry.

ADDITIONAL COMMENTS:

Enter any additional comments that you have about the Home Visitation Services program.

Save: Click this button to save your entry.

QUESTIONS:

Enter any questions that you have about the Home Visitation Services program.

Save: Click this button to save your entry.

List of employees providing direct services to children and families in your home visitation program:

Enter data for all employees (paid or non-paid) who are providing direct services to the children and families in your Home Visitation Services program during the reporting quarter.

Add New Employee: Click this button to add an employee to the Quarterly Report. Once an employee has been added, that employee's name will display on subsequent reports and information for that employee may be updated by clicking on that employee's name.

New Employee Information:

* First Name: The first name of the employee.

*Last Name: The last name of the employee.

NOTE: If an employee was not specifically mentioned by name in your application for the Home Visitation Services program(s), you must provide a copy of that individual's transcript and resume, along with a request to hire, and FCSR screening results (to be followed by fingerprint screening results) for that individual to the state agency prior to the individual providing any in-home services to clients enrolled in your Home Visitation Services program. This information should be maintained and updated as required on an on-going basis.

*START DATE: The date the employee began employment with your Home Visitation Services program.

END DATE: The date the employee ended employment with your Home Visitation Services program, when applicable.

TERMINATION REASON: The reason the person is no longer employed with your Home Visitation Services program, when applicable.

*TITLE: The employee's job title.

FCSR: The date on the Family Care Safety Registry screening results letter for this employee.

FINGERPRINT DATE: The date that this employee's fingerprints were submitted through IBT for criminal background checks with the Missouri State Highway Patrol and the Federal Bureau of Investigation.

MO Education Matrix Level: The level on the Missouri Education Matrix for Early Childhood, School-Age/After-School, and Youth Development Professionals assigned to this individual by the Professional Achievement and Recognition System (PARS) based on the employee's education and experience. (Missouri's Education Matrix and PARS information can be accessed at www.OPENIniative.org.)

Save New Employee: Click this button to save your entries.

Finished/Continue: When you have completed entry and update of this section, click the "Finished/Continue" button.

PROFESSIONAL DEVELOPMENT INFORMATION:

Record professional development activity completed by agency staff during the reporting quarter.

*Who Attended: The name of the agency staff who attended training, education, or other professional development-related activity. Indicate multiple staff by holding down the CTRL button while clicking the staff names. ***NOTE: In order for an employee's name to display in this list, that employee must have been entered as a New Employee in the previous section.***

*Who Provided: The name of the person and/or institution that provided the training.

***Research Based?** Mark "Yes" to indicate the training was research-based or "No" to indicate that it was not.

*Begin Date: The date the professional development activity began.

*End Date: The date the professional development activity ended.

Clock Hours: The number of clock hours that the professional development activity lasted, if applicable.

Credit Hours: The number of credit hours awarded for the professional development activity, if applicable.

Brief Description of Training: Provide enough information to identify how the training related to child development and/or early childhood education.

Save: Click this button to save your entry. A question box will display. Answer "Yes" to add additional professional development activities and repeat the process outlined above. Answer "No" if you do not wish to add additional professional development activities.

Finished/Continue: When you have completed entry and update of this section, click the "Finished/Continue" button.